All Preneed COA and Branch Registration renewals must be submitted online. Upon clicking the link for <u>ALDOI - Preneed</u> <u>Online</u>, you will see the below screen. You must enter your Company #, which is your Certificate of Authority number. Your password was originally provided in an e-mail. If you did not receive a password or have forgotten it, contact the Preneed Division: (334)240-4420 or preneed@insurance.alabama.gov.

ALDOI - Preneed Online
The Alabama Department of Insurance requires Preneed and Endowment Care reports, Preneed renewal applications, and payment of Preneed renewal invoices to be submitted through ALDOI - Preneed Online, as applicable, by Preneed Certificate Holders (active/inactive) and Endowment Care Cemetery Authorities.
Please enter your company number and password below to login.
SSE SECURE GlobalSign
Company #:
Password:
Submit

### Preneed

Annual renewals and preneed sales agent renewals may be submitted beginning May 1 and are due July 1.

First Period Semi-Annual reports may be submitted beginning August 1 and are due August 14.

Second Period Semi-Annual reports may be submitted beginning February 1 and are due February 14.

Annual inactive reports may be submitted February 1 and and are due April 1.

Annual Endowment Care Reports will be accepted in 2017 from May 1 until July 1. Beginning in 2018, Annual Endowment Care Reports may be submitted beginning February 1 and are due April 1.

#### ENDOWMENT REPORTING

Endowment Reporting Information

Endowment Branch Reporting Information

### RENEWALS

Submit Renewal Information Preneed Sales Agent Renewal

If you have any questions, please contact the Preneed Division at (334)240-4420 or by email at Preneed@insurance.alabama.gov.

<u>Preneed Sales Agent Renewal</u>: For your convenience, from the initial log-in screen, this link will take you to the NIPR website to renew your Preneed Sales Agents. Preneed Sales Agents <u>must be renewed</u> before COA and Branch Registration renewals will be approved.

<u>Submit Renewal Information</u>: Click this link to submit the renewal application for your COA, and pay the renewal fees for your COA and Branch Registrations. When your COA is renewed, so long as the invoice is paid, your Branch Registrations, if any, will also be renewed, provided all reports and exam responses have been received and there are no other outstanding balances or administrative actions.

After Clicking "Submit Renewal Information," verify the Company listed is the correct Certificate Holder and the correct year is displayed.

### Preneed Renewal

You are entering information for the current year renewal of your Preneed Certificate of Authority. All sections must be completed before submission. Applications are late after July 1st, at which time a penalty will automatically begin to accrue. Before you submit this renewal you will be asked to certify that the information provided is true and correct with the understanding that submitting fraudulent information is a felony under Alabama law.

Company Number: 12345

Company Name: XYZ Preneed Company

Address: P O BOX 1234

City/State/Zip: Hometown AL 78910

Phone: 123-456-7890 Email: Email@domain.com

Reporting Year: 20 XX

20 XX 💙

This Preneed Certificate Holder is a:
O Funeral Establishment
O Cemetery Authority
O Combination Funeral/Cemetery
O Preneed Holding Company
OPreneed Holding Company with Cemetery Branch(es)

Preneed Certificate Holder Type: Funeral Establishment and Cemetery Authority are self-explanatory.

<u>Combination Funeral/Cemetery</u> - entities that operate a combined funeral home/cemetery as one entity. Usually, the combination operation is one in which the funeral home and cemetery are located physically near each other, with a shared name and a common owner.

<u>Holding Company</u> - a parent company, which is not a funeral home or cemetery location, does not sell preneed/at-need merchandise and services, but owns cemeteries and/or funeral homes registered as branches, and which are combined in its financial statements.

Type of Organization: Select the Certificate Holder's Organizational Structure. Most are organized as an LLC or C-Corporation. If you are unsure, check the Secretary of State's website: <a href="http://arcsass.state.al.us/CGI/CORPNAME.MBR/INPUT">http://arcsass.state.al.us/CGI/CORPNAME.MBR/INPUT</a>

Type of Organization:	
O Individual	
O Partnership	
Опс	
OLLP	
O C Corp	
○S Corp	

Preparer Information: Use the dropdown to indicate type of individual who prepared the finanical figures. Provide the individual's contact information so we may contact the preparer with any questions.



# **Financial Information**

The annual financial statement required by the Preneed Funeral and Cemetery Act has been incorporated into the online Certificate of Authority renewal application. The financial information requested in this section should be obtained from the Certificate Holder's financial statements covering its <u>fiscal year most recently ended</u>. The key financial numbers are calculated in the same manner as in previous years and in accordance with Preneed Regulation Chapter 482-3-003. The only change is the format (electronic) in which the information is reported and the form, which has eliminated all, but the key numbers related to preneed and certain totals. Certificate Holders will not be required to submit formal and separate financial statements to the Department, unless specifically requested by the Department to do so. The following financial figures must be entered for the renewing Certificate Holder (combined with its branches) in the "Financial Information" section of the online Certificate of Authority renewal application:

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Financial Information:	Your <u>Preneed Receivables</u> should be divided into Pre-law
Pre-law Receivables:	(Preneed written prior to May 1, 2002) and Post-Law
Pre-law Receivables:	(Preneed Contracts written May 1, 2002 through the end of
	the company's last fiscal year). The amount recorded for the
Post-law Receivables:	receivable depends on the funding method. <u>Trust Funded</u> -
	total of future preneed payments due from preneed
purchasers plus the amount already	in trust. Insurance/Annuity Funded – total face amount of life
	d the preneed contracts. Letter of Credit or Surety Bond – total of future
• • •	hasers at the date of the financial statement. Add all funding methods for
Pre-law (enter "0" if none) and all for	_
The law (effect of it florie) and all it	51 1 05t 1dW.
	If your financial statement balance sheet includes a line item for
	<b>7</b> ·
Goodwill:	Goodwill, then enter the amount here. If Goodwill does not appear on
	your balance sheet, then enter "0".
	Total Assets should be the sum of all of your assets (cash, investments,
Total Assets:	inventory, property, Goodwill (if any) and your Preneed Receivables
Total Assets.	already entered above, etc.).
This should NOT include any funds I	neld in an Endowment Care Account other than earnings that may be used
by a cemetery for the upkeep of a c	
, , , , , , , , , , , , , , , , , , , ,	,
Liabilities:	
	Pre-Law Deferred Revenue - Regardless of the funding
Pre-law Deferred Revenue:	method, the current cost to fulfill all outstanding Pre-law
rie law Deletted Reveilde.	preneed contracts (sold prior to May 1, 2002).
	If you have no unfulfilled pre-law contracts, enter "0".
	Post-Law Deferred Revenue - Regardless of the funding
Post-law Deferred Revenue:	method, the retail value of the unfulfilled preneed
	contracts sold May 1, 2002, and later.
	Total Liabilities - The total of all liabilities (including, but not limited
	to accounts payable, loans and other debt, taxes, and Deferred
Total Liabilities:	Preneed Revenue already entered above, etc.). Exclude
	endowment care funds unless there is an amount due to be

trusted in endowment care for interment rights sold/paid in full.

Equity/Surplus:	Equity/Surplus - Assets – Liabilities = Equity. This amount includes retained earnings, stock, additional paid-in capital, etc. Depending on the type of company, this may be unassigned or unrestricted funds. This should not include any endowment care funds held in trust.
Net Income:	Net Income - All sources of Income less costs of sales and other expenses, including employee expenses, merchandise, taxes, etc. This is the amount reported on the Income Statement or Tax Return
Renewal Questions	
○ GAAP ○ Statutory ○ Income To	used to prepare this financial data?  Tax Other  Changed since your last financial statement?
	n preparing your Financial Statements, which were used to provide the nged methods since last year, we will need to know that as well.
○No   Yes	nership of the entity holding the preneed certificate of authority?  In of the Alabama Department of Insurance.
·	rding changes in ownership. This may be as simple as one shareholder are stock has been divided between the heirs or other shareholders, etc.
4. Since filing last year's renewal applic Certificate Holder or Branches Changed	cation, has the name, address, telephone number or email address of the d?

If any contact information has changed (people, phone numbers, mailing or e-mail addresses, etc. you must notify the Department.

\*You must contact the Preneed Division of the Alabama Department of Insurance to obtain a change of address form.

5. Has the Certificate Holder been the subject of any bankruptcy proceeding or had a judgment filed against it since the date of the last application?
○ No ● Yes
*You must submit a statement of the facts(including date(s)), together with the case: style, number, name and location of the court(s) in which the proceedings were held or are pending. <u>Upload here.</u>

If you have filed bankruptcy, you are required to notify the Department. You will be required to file the details of that bankruptcy before you will be allowed to proceed with the renewal. Click the hyperlink "Upload here" to file the bankruptcy details.

6. Does the Certificate Holder have a secondary location operating as a common business enterprise, using the same name, but without its own Certificate of Authority or branch registration?
○ No ● Yes

You will be asked about additional locations that operate under the same name, but do not hold a separate COA or Branch Registration. The Department receives calls from consumers regarding licensing, so we would like to have the correct answer as to whether the location is legally allowed to sell Preneed. We will also use this information to post a list on our website for consumers. If you respond "Yes," a place to enter the information for the additional location(s) will appear. Enter the appropriate information regarding the location's name, address and type. Then, once the information is correct, click "Save Location."

	ress and telephone number of each additional location and indicate the type (whether it is a funeral establishment, combination operation).
Name:	
Address:	
City/State/ Zip:	ALABAMA ✓
Type of Organization:	○ Funeral Establishment ○ Cemetery Authority ○ Combination Funeral/Cemetery
	Save Location Cancel Location

Submit renewal and pay invoice

Once you have completed all blanks in the renewal application, click the "Submit renewal and pay invoice" button.

If your application has passed all of our checks, you will be re-directed to the <u>Preneed Invoice</u> screen to see your renewal invoice, which includes your COA, any Branch Registrations, and late fees. After July 1, the invoice will automatically be adjusted to include a \$50 per day late fee until the renewal is submitted and the invoice is paid.

## **Preneed Invoice**

COA Renewal Total:	\$90.00
Total Renewal Amount:	\$90.00
(Credit card - 4% of total due; ECheck - \$4) Select payment type:  Oredit Card © ECheck  Processing Fee - Alabama Interactive:  Total Amount Due:	\$4.00 \$94.00

You will indicate whether you would like to pay the invoice by Credit Card or ECheck.

<u>E-Signature:</u> This is the final step before paying the invoice and submitting your renewal application. Enter the full name and a 4-digit e-Signature for the representative submitting the report. The 4-digit e-Signature is a number of the submitting representative's choosing.

E-Signature
I, as the certificate holder or the representative authorized to sign on behalf of the certificate holder, certify that the above information, including the attached financial statement, is true and correct to the best of my knowledge and belief. I certify that I have complied with all of the requirements of Chapter 27-17A, Code of Alabama,1975 and request renewal of the Preneed Certificate of Authority. I understand that any person who knowingly presents false or fraudulent information to the Commissioner of Insurance or his representative, willfully fails to timely make deposits to trust, or knowingly withdraws unauthorized funds or assets from a trust may be guilty of a felony under Alabama Law and subject to restitution, fines, loss of any or all certificates of authority or other applicable licenses, prison or any combination thereof.  Please enter your full name and any four-digit number of your choosing to show your intention to sign this document.
Representative Name: 4-digit e-Signature:
Please enter your full name. Please enter 4-digit e-Signature.
**PRINT this page for your records before proceeding to enter your payment information.**
Pay Invoice

Once the Representative's name and e-Signature has been submitted, click "Pay Invoice." You will be redirected to a secure vendor site administered by a third-party vendor. There you will provide information required in order to process your payment.

Your renewal will not be submitted to the Department until payment of the full invoice amount has been received.